



State of Utah
GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Department of Public Safety
 Jess L. Anderson
Commissioner

Driver License Division
 Christopher Caras
Director

Department Use Only	
Date:	By:
Expiration:	

R708-21-4 APPLICATION FOR THIRD-PARTY TESTER

Name of Third-party Tester *REQUIRED*	
Address, City & Zip Code of Third-party Tester *REQUIRED*	
Mailing Address, City & Zip Code of Third-party Tester *REQUIRED IF DIFFERENT*	
Iss: & Exp: of Business License (attach copy) *REQUIRED*	Years in Business *REQUIRED*
Iss & Exp of Surety Bond (attach copy) *REQUIRED*	Amount of Surety Bond *REQUIRED*
Full Name of Designated Representative *REQUIRED*	Primary Phone Number *REQUIRED*
Email Address *REQUIRED*	Secondary Phone Number

Testing information:

List all approved site names where your company performs and wishes to continue using for the pre-trip and basic control skills portion of the Skills Test. **Must include a Google map of each location and indicate on the map where the test portions are performed.**

Note: If a site has not been used throughout an audit year it will be removed until proof of need can be shown.

List all approved route names your company uses and wishes to continue using for the road test portion of the Skills test. **Must include a current narrative for each route, that is inline with the standards outlined in the CDL Examiners Manual.**

Note: If a route has not been used throughout an audit year it will be removed until proof of need can be shown.

List all qualified & approved Third-party Examiners you wish to continue testing under your companies name. **Must include a new Examiner Application for each person. If an Examiner name & application is not received at the time the application has been submitted, the individual will not be permitted to test and clarification will be requested.**

Examiner name	Driver license number

Note: If you no longer employ an Examiner that is currently attached to your company, you must provide a signed signature card verifying that the examiner is no longer administering tests for your company

All questions must be answered accurately.

Do you maintain a copy of the current Third-party Tester agreement? _____

Have you maintained a surety bond in an amount specified by the department for the retesting of drivers in the event that the third party is involved in fraudulent activities related to conducting skills testing. *Exception: A government entity is not required to maintain a bond.* _____

Do you maintain a state-approved copy of each site map & route narrative attached to your company, used for the purpose in administering the Skills test? _____

Do you require all Examiners to use the state-approved testing sites/routes for the purpose of administering the Skills test? _____

Do you maintain personnel files for each Third-party Examiner currently assigned to your company? _____,

Have you maintained a copy of each Third-party Examiner's: certification certificates, applications, and signature card? _____

Have you notified the division in writing of any disqualifying event to a Third-party Examiner's driving status, within 10 calendar days? _____

Have you notified the division in writing of a change to a Third-party Tester or Examiner's contact information, within 30 calendar days? _____

Renewal, Do you maintain security of all the CDL score sheets and personal information noted on the score sheets? _____

Renewal, Do you maintain a copy of each completed CDL skills test scoring sheet for the current year and the past two calendar years? _____, Do you ensure all CDL test score sheets have been destroyed after 3 years? _____

Renewal, Have you verified that each Third-party examiner has administered a minimum of 10 Tests in the last audit year? _____

Have you read 49 CFR 383.75 & Administrative Rule R708-21; & understand the requirements to maintain a Third-party Testers Certification and the role of a Designated Representative? _____

I certify the information provided in this application is accurate to the best of my knowledge. I understand that my company is responsible for all of the commercial driving tests administered by the examiners names provided in this application and agree to oversee and require each examiner to test in accordance with Federal, State and Administrative guidelines. I understand that any false information knowingly recorded on this document will result in the application being denied; and may result in disqualification of the Third-party Tester Certification.

Signature

Date

Print Name